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The Second Best Thing About Payday

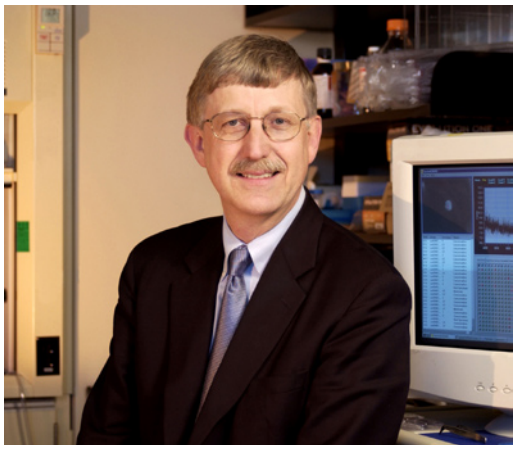
nih record

ABOVE • *Hands-on science is the name of the game at Adventure in Science. See story on p. 12.*

features

departments

Collins Wins Unanimous Confirmation as Next NIH Director



Dr. Francis Collins

Dr. Francis Collins was confirmed by the Senate by unanimous consent on Aug. 7 to become the 16th NIH director. The announcement was made by HHS Secretary Kathleen Sebelius, who said, "Dr. Collins is one of our generation's great scientific leaders. A physician and geneticist, [he] served as director of the National Human Genome Research Institute, where he led the Human Genome Project to completion. Dr. Collins will be an outstanding leader. Today is an exciting day for NIH and for science in this country."

Collins began his new job on Aug. 17. All were invited to a Town Hall meeting he was to host that day from 10:30 to 11:30 a.m. in Natcher auditorium.

In RePORTER, a Mandate Fulfilled

New Funding Database Offers Customized Searches

By Belle Waring

Now available for test drive, this baby is sleek, fast and handles beautifully.

Only it's not a car. It's a database.

The Office of Extramural Research has launched RePORTER, a brand new tool for searching all NIH-funded projects.

Available on the Research Portfolio Online Reporting Tool (RePORT) web site at http://report.nih.gov, RePORTER (the RePORT Expenditures and Results module) is already garnering praise from journalists, science bloggers and grantees.

It will replace CRISP, NIH's veteran database of federally funded biomedical research projects, including those in our sister HHS agencies.

"RePORTER builds on CRISP," says Dr. James Onken, special assistant to NIH acting deputy director for extramural research Dr. Sally Rockey. Onken, the officer closest to the project, has been with NIH for 20 years.

In software years, CRISP is not a youthful character.

SEE **REPORTER,** PAGE 8

New HHS ID Badge Process Starts

By Lanny Newman

When the first emails went out to the administrative officer community several months ago notifying them that they must begin the process to receive their new high-tech HHS ID badges, it marked the beginning of the final stage in a 5-year effort by NIH to comply with the August 2004 federal mandate "to establish a common identification standard for federal employees and contractors."

This mandate, known as Homeland Security Presidential Directive-12 (HSPD-12), requires all federal agencies to use a "reliable, commonly accepted form of government identification that will enhance security, increase government efficiency, reduce identity fraud and protect personal privacy."

For NIH, that reliable government identification is the new HHS ID badge (also called PIV card or smart card). What makes this new badge reliable is the requirement that its holder—whether an NIH employee, contractor or affiliate—must undergo a strict identity-proofing process called personal identity verification (PIV). PIV establishes that the person is who s/he says s/he is. Affiliates are fellows, guest researchers and special volunteers.

SEE **NEW BADGE,** PAGE 6

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nih record

briefs

FAES Grad School Open House

Join us for the fall 2009 semester FAES Graduate School Open House on Tuesday, Aug. 25 from 4 to 7 p.m. at the Social and Academic Center, located at 9101 Old Georgetown Rd. (across from the fire station). Raffles will be drawn for FAES Bookstore gift certificate, gift cards and five lucky students will receive a 10 percent discount on tuition. Refreshments will be served and registration for the fall 2009 semester will be accepted.

Walk-in registration begins Aug. 27-Sept. 4 from 10 a.m. to 4 p.m. in Bldg. 60, Rm. 236 & 237 (the Cloister) and on Monday, Aug. 31 from 5 to 7 p.m. (in addition to the 10 a.m. to 4 p.m. hours).

First Hotel Fair Set for Sept. 11

NIH will be hosting the first annual BPA Hotel Fair on Friday, Sept. 11 at 6701 Rockledge Dr. from 10:30 a.m. to 2:30 p.m. on the upper parking deck behind the Rockledge II Bldg. Representatives of BPA hotels will visit from several major U.S. cities, including Seattle, San Francisco, San Diego, Durham, Chicago and the D.C. metro area. If you are scientific review officer or assist in planning and scheduling peer review meetings, this is a great way to gather information about meeting space, hotel amenities and other accommodations and to develop a network of personal hotel management contacts. Come enjoy a day filled with food, raffles and fun. Shuttles will be provided to and from this event. For details, call David Browne, (301) 496-6061.

NIAID Helps HHS Fight the Flu

Staff from NIAID's Office of Communications and Government Relations and the Dale and Betty Bumpers Vaccine Research Center put "take me out to the ballgame" into action on July 23, to support HHS Night at the Ballpark at Nationals Stadium. NIAID joined in the department's effort to raise awareness about influenza prevention and distributed information about NIAID-supported clinical trials of candidate 2009 H1N1 vaccines.

The ballgame festivities included the debut of a new HHS public service announcement featuring Secretary Kathleen Sebelius and the Washington Nationals' Teddy Roosevelt mascot demonstrating how to prevent spreading the flu. The secretary also delivered the ceremonial first pitch of the game.

Volunteers are needed for clinical trials of candidate 2009 H1N1 flu vaccines. These studies will evaluate the safety of the vaccines and their ability to generate an immune response. For more information about studies on H1N1 vaccines conducted by the NIAID Vaccine and Treatment Evaluation nationwide network, visit www3.niaid.nih.gov/news/newsreleases/2009/VTEU_H1N1.htm. For more information on seasonal influenza vaccine clinical trials sponsored by the VRC, visit vrc.nih.gov or email vaccines@nih.gov.

Employees (from l) Sandra Sitar, Sarah Hubka, Nina Berkowitz and Brandon Wilson from NIAID's Vaccine Research Center prepare to welcome baseball fans to Nationals Stadium for HHS Night at the Ballpark.

NIDA Scientists Honored

Dr. Ahmed Elkashef (top) and Dr. David Gorelick of the National Institute on Drug Abuse are among the first physicians in the United States certified by the American Board of Addiction Medicine, a new independent medical specialty board. ABAM has begun to certify addiction medicine physicians from several specialties, including emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry, neurology and surgery. There was previously only addiction-related board certification for psychiatrists, offered by the psychiatry and neurology board. ABAM sets standards for physician education, assesses physicians' knowledge and requires and tracks life-long continuing education.

NIAID-Developed Technology Helps Save Animal Lives

By Catherine Roan Bullis and Jason Freeman

If you own a dog, cat, horse or ferret, you might want to thank scientists in NIAID's Laboratory of Viral Diseases (LVD). Though their mission is to conduct research to improve human health, there's a good chance your four-legged friend has benefitted from their work.

With work that began in the 1980s, Dr. Bernard Moss and colleagues in LVD developed a technology that today is used in vaccines that are protecting millions of animals from serious infectious diseases. The technology—licensed by animal product company Merial, Inc., in 2006 and developed into 16 different vaccines—has been used to safeguard companion animals, farm animals and wild animals from diseases that are often fatal, including feline leukemia, rabies, distemper and avian influenza.

Fighting Fire with Fire

The NIAID-developed technology uses a weakened, or attenuated, version of a poxvirus to introduce genetic material from the disease-causing virus to the immune system. This "recombinant" vaccine technology closely mimics natural infection and therefore does a good job of stimulating the immune system against disease. The vaccines carry only partial DNA from the viruses, so they are unlikely to cause disease in an otherwise healthy animal.

A poxvirus makes a good carrier, or vector, for vaccines for several reasons. First, it has a large genome, which offers plenty of room to carry other genetic material. It can latch on to a broad range of cells, so the chances of the vaccine entering the host's immune system are high. Finally, it is highly unlikely to cause disease in an animal whose immune system is not compromised by other factors.

Improving the Status Quo

Using LVD's poxvirus vector technology, Merial has developed vaccines that protect chickens and other birds from avian influenza; cats from feline leukemia and rabies; horses from West Nile virus and equine flu; wild animals from rabies; dogs from distemper, parvovirus, adenovirus and parainfluenza; and ferrets from distemper. The vaccines are approved by the USDA and many are marketed worldwide. Merial's Purevax line of vaccines for cats is the largest-selling feline vaccine line in the world, and the Recombitek vaccine lines for dogs and horses

Vaccines using NIAID's poxvirus technology protect household pets from distemper and other diseases.

are widely used to protect these animals from a variety of diseases. More than 3 billion doses of the Trovac avian influenza vaccine have been sold.

The vaccines based on LVD's technology have already helped save lives: According to the USDA Animal Health Monitoring System, in 2006, there were 1,086 reported cases of equine West Nile virus in the United States; by 2008, after Merial's Recombitek vaccine became available, reported cases had dropped to 178.

In Western Europe, reported cases of rabies in wildlife have dropped to zero following a campaign using Merial's Raboral V-RG vaccine, an oral vaccine that enables health officials to immunize large numbers of wildlife efficiently. In the United States, the USDA's National Rabies Management Program oversees distribution of Raboral in 16 states, with a goal of eliminating terrestrial rabies from this country. The vaccine is encased in solid bait and distributed to wildlife areas by airplane, helicopter or hand. Wild animals eat the bait and, 10 to 14 days later, are immunized against rabies. About 12 million doses of the vaccine are distributed globally each year.

Moss and his colleagues are continuing to perfect pox vector technology for use in human vaccines, including AIDS vaccines. The most advanced AIDS vaccine developed using the LVD technology is now entering phase IIa clinical trials. Meanwhile, for the health and well-being of a variety of animals, recombinant pox vector technology has already been a great success.

NICHD Branch Honored

NICHD's Reproductive Sciences Branch recently received the 2009 Barbara Eck Menning Founder's Award from RESOLVE: The National Infertility Association. The award was bestowed for the branch's research leadership in the field of infertility. The Founder's Award is the highest honor presented by RESOLVE annually to an individual or group demonstrating leadership in the field of infertility or infertility resolution. Shown are (from l) Charisee Lamar, Koji Yoshinaga, Richard Tasca, Susan Taymans, Louis DePaolo, Estella Parrott, Esther Eisenberg and Stuart Moss.

NIDCD Council Welcomes Five New Members

NIDCD director Dr. James F. Battey, Jr., welcomed five new members to the National Deafness and Other Communication Disorders Advisory Council during its meeting on June 5. The term for council members is 4 years.

Brenda Battat is executive director of the Hearing Loss Association of America, in Bethesda. She is responsible for leading the largest national consumer organization of people with hearing loss in the United States.

NIDCD director Dr. James Battey (l) welcomes new council members (from l) Dr. Karen Friderici, Dr. Rickie Davis, Brenda Battat, Dr. William Brownell and Dr. John Niparko.

Dr. William Brownell is the Jake and Nina Kamin chair in the department of otorhinolaryngology and communicative science at Baylor College of Medicine. His research interests include sensory neurophysiology, auditory neural networks and cochlear biophysics.

Dr. Karen Friderici is a professor in the department of microbiology and molecular genetics at Michigan State University. Her research interests include hearing loss, genetics of hearing and molecular pathology of genetic diseases.

Dr. John Niparko is the George T. Nager professor and director of the division of otology, neurotology, and skull base surgery in the department of otolaryngology–head and neck surgery at Johns Hopkins Hospital. His research interests include language development, communicative disorders, hearing restoration and audiology.

Named an ex-officio member is Dr. Rickie Davis, who leads the hearing loss prevention team at the National Institute for Occupational Safety and Health in the Centers for Disease Control and Prevention. He also serves as adjunct assistant professor in the department of biological sciences at the University of Cincinnati.

IT Benefits for NIH Employees

Did you ever wish you had some of that great technology that you use at work on your home computer?

Thanks to the iSDP program, and your employment at NIH, now you don't have to spend a lot of money to buy the software you use at work.

The Information Systems Designated Procurement (iSDP) program through the Center for Information Technology acquires and delivers brand-name software and services to HHS and NIH personnel by taking advantage of large volume purchasing agreements to provide significantly discounted prices to its customers.

As part of the Microsoft Enterprise agreement signed with NIH, employees can take advantage of deep discounts on some of the most popular Microsoft productivity and entertainment products including Xbox and Zune.

Employees also have access to self-paced interactive e-learning courses. These benefits are open to all NIH and HHS employees and contractors with a valid .gov email address.

The e-learning courses, available anytime or anywhere an Internet connection is available, are offered in three categories—application, systems and servers.

Application courses provide all users with lessons in Microsoft Office 2007 products as well as older operating platforms. The systems courses give users classes such as Windows Vista and Windows XP. The server courses, available to IT employees only, cover subjects such as SQL Server, Exchange Server and BizTalk Server.

These training courses use simulations, demonstrations, animations and assessments to enhance the learning experience.

Employees may purchase one licensed copy of most Microsoft Office 2007 system desktop programs, either by mail or download, for as little as $20.

Through the Employee Purchase Program, up to three copies of any given software title of products such as Xbox, may be purchased.

To learn more about the offers or to place an order, visit http://isdp.nih.gov and click on vendor resources. If you have questions, email nihisdp@mail.nih.gov.

At left, Sen. Kay Hagan (l) and NIEHS director Dr. Linda Birnbaum gather during the reception at the CRU. Hagan said it is "critical to fund" research at NIEHS. At right, NIEHS acting scientific director Dr. John Pritchard (l) and NIH deputy director for intramural research Dr. Michael Gottesman enjoy ceremony. Birnbaum gave special thanks to Gottesman for his support at the NIH level.

PHOTOS: STEVE MCCAW

NIEHS Celebrates Opening of Clinical Research Unit

By Eddy Ball

Friends, supporters and dignitaries were on hand at the NIEHS campus on July 27 to celebrate the grand opening of the much-anticipated clinical research unit (CRU). The day's events began with a series of short addresses moderated by emcee Joe Graedon, radio celebrity and co-host of the public radio program *The People's Pharmacy*. Guests toured the new facility after a formal ribbon cutting and enjoyed afternoon lectures at a clinical research symposium.

NIEHS and National Toxicology Program director Dr. Linda Birnbaum and NIH deputy director for intramural research Dr. Michael Gottesman delivered opening remarks. Dr. Robert Califf, vice chancellor for clinical research at Duke University, presented "A Local Perspective" on the benefits he expects from research at the facility.

They were followed by federal representatives, including U.S. Sen. Kay Hagan and Reps. David Price, Bob Etheridge and Brad Miller, and representatives of state and local governments. NIEHS acting clinical director Dr. Darryl Zeldin concluded the formal portion of the celebration with the presentation of awards to employees for their contributions to clinical research at NIEHS. Afterwards, with scissors in hand, the speakers officially cut the ribbon at the entrance of the CRU as NIEHS employees and visitors applauded.

That afternoon, CRU medical director Dr. Stavros Garantziotis hosted talks by three physician-scientists on aspects of clinical research. Califf returned to the podium and was joined by National Children's Study principal investigator Dr. Philip Landrigan of Mt. Sinai Medical Center and Northwestern University endocrinologist Dr. Franck Mauvais-Jarvis.

NIEHS broke ground for the CRU in 2007. The 14,000-square-foot outpatient facility will be used to conduct studies that involve on-site human sample collection, analysis and functional assessment. The unit will partner with the Clinical Research Center in Bethesda and serve as what Birnbaum called "a clinical training ground" for public health research in the region.

NLM Holds Health Disparities Conference

NLM's Division of Specialized Information Services (SIS) held its eighth annual conference, "e-Health: Bridging the Health Disparities Gap," June 15-17 in partnership with the United Negro College Fund Special Programs (UNCFSP) Corp. and Historically Black Colleges and Universities (HBCU). The meeting brought together health professionals, administrators, educators, actors and students for a series of lectures and discussions at Lister Hill Auditorium and concluded with a day-long NLM database training workshop at the University of the District of Columbia. The partnership began in 2002, to promote disease prevention and wellness at HBCUs and in their surrounding communities through the use of NLM's online health resources. Among the speakers this year were former HHS Secretary Dr. Louis Sullivan (4th from l), who now chairs the D.C.-based Sullivan Alliance to Transform America's Health Professions. He is joined by (from l) Dr. De Lois Powell, UNCFSP; Dr. Robyn Watson, UNCFSP; Aaron Andrews, UNCFSP president and CEO; Dr. Donald Lindberg, NLM director; Dr. Melvin Spann, former NLM associate director and current chair, UNCFSP advisory board; Dr. Steven Phillips, NLM associate director, SIS; Gale Dutcher, deputy associate director, SIS; and Cynthia Gaines, project officer, NLM.

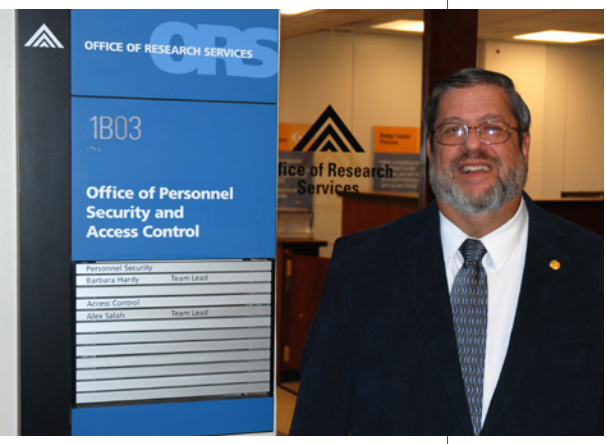
PHOTO: JAMES CHARUHAS

NEW BADGE

CONTINUED FROM PAGE 1

The HHS ID badge itself must meet strict technical and physical specifications and be strongly resistant to identity fraud, tampering, counterfeiting and terrorist exploitation; rapidly authenticated electronically; and issued only by reliable providers.

To oversee this multi-year, multi-million dollar project, NIH tapped the ORS Division of Personnel Security and Access Control (DPSAC) and its policy arm, the HSPD-12 Program Office.



Acting DPSAC director Richie Taffet stands outside the badging office in Bldg. 31. Below is a mockup of the new HHS ID badge.

Adding to the challenges of this project has been the integration of the NIH Enterprise Directory (NED), the NIH Background Investigation Tracking System (BITS) and the HHS Identity Management System into the PIV enrollment and badge issuance process. NED is the authoritative source for identity management at NIH and provides a framework for supporting new business processes at the agency. The Center for Information Technology and the Office of the Chief Information Officer have worked side by side with DPSAC and the HSPD-12 office, providing their technical expertise throughout the 5 years of this project.

According to Richie Taffet, acting director of DPSAC, "The successful completion of this project would not be possible without the dedicated service of many individuals from all of the ICs. Specialists in IT, administration, policy, personnel security, access control, immigration services, budget, finance, planning, privacy, law, communications and more have contributed to this project. The NIH administrative community deserves special thanks for their willingness to serve as our focus group, advisors and beta testers to make sure that all of the systems worked properly together. These individuals also committed considerable time to special training programs to ensure that when the system went live they would be able to serve the remainder of the NIH community effectively."

HHS ID Badge Deployment at NIH

With testing of the PIV process and the new smart HHS ID badge now complete, NIH is ready to deploy the new badge to the general NIH population. Beginning in August and continuing through June 2010, all new and existing employees, contractors and affiliates will be issued the new badge. If you currently hold a legacy NIH badge and fall within one of these three categories, you will be notified sometime over the next few months to start the process leading to the issuance of the HHS ID badge.

HHS has given NIH a June 2010 deadline to issue new badges to all 34,000 NIH employees, contractors and affiliates in Maryland and around the country.

Accelerating the Badge Renewal Process

Although your current badge may show an expiration date that occurs well into the future (sometimes years into the future), during the changeover to the new HHS ID badge the NED team will "force" an early renewal of your ID badge regardless of its expiration date.

Throughout the badging process, individuals will receive detailed instructions on how to proceed. These instructions, which will be sent as email alerts by NED, will highlight next steps and how to get help.

DPSAC has determined that first responders (police, fire, et al.) along with other badge holders requiring elevated background investigations will be the first groups to complete the process and receive the new badge. DPSAC is in the process of determining the order of rollout for the rest of the NIH workforce, including remote locations in Montana and North Carolina.

How Badge Renewal Works

There are three steps in the ID badge renewal process: pre-enrollment, enrollment and badge issuance.

Prior to each of these steps employees, contractors and affiliates will receive an email alert containing instructions to obtain the new badge.

The first step is pre-enrollment, which begins when DPSAC alerts the NED team to "force" the individual's badge for renewal. Following completion of renewal by IC administrative staff, the individual must be "sponsored" for an HHS ID badge in NED. Note that most NED records do not contain all personal information required by the PIV process. You will be asked to provide any missing information, which in most cases is your place of birth and citizenship. (While you're updating your information in NED, you may want to sign up for Alert NIH, a new service for employees and contractors who wish to receive emergency information 24/7 on personal, as well as NIH-issued, communication devices.)

Once your AO sponsors you, DPSAC will check your fingerprint and background investigation status with the Office of Personnel Management. Everyone applying for a new HHS ID badge will be checked against the OPM database and placed into

one of two categories. Each category has specific requirements that the individual will need to complete before s/he can obtain a new badge:

- Individuals without the appropriate background investigation on file (usually new federal employees, but also a sizeable percentage of current employees) will have all 10 fingerprints captured during their 20-minute enrollment appointment and will be required to fill out an e-QIP questionnaire.

- Individuals with a background investigation on file will have two fingerprints taken for the new badge. They will not be required to complete additional forms.

With the OPM database check complete, DPSAC staff will direct you via an email alert to make a 20-minute appointment at an Enrollment Work Station (EWS). You should not try to make an appointment until directed to do so. These stations are conveniently located on the Bethesda campus and in off-campus suburban Maryland federal buildings including Executive Plaza North, Fishers Lane and Rockledge II. Other EWS locations include the Gerontology Research Center in Baltimore, Ft. Detrick in Frederick, NIEHS in Research Triangle Park, N.C., and Rocky Mountain Laboratories in Hamilton, Mont.

In step two of the badge renewal process—enrollment—the individual is fingerprinted and photographed at an EWS. As noted above, those with an appropriate investigation on file will only need to have their two index fingerprints captured. Individuals who require an investigation will have all 10 fingerprints captured. Individuals who have the appropriate background investigation on file will be immediately authorized for the new HHS ID badge. For all others, once fingerprint results come back from OPM, typically within 3-5 business days, and there are no issues, DPSAC will authorize the individual to make an appointment to receive the new badge.

For individuals who do not have the appropriate background investigation for their current position on file, DPSAC will send him/her instructions to complete a series of federally mandated questionnaires. These include the electronic Questionnaires for Investigations Processing (e-QIP) as well as forms OF-306 (Declaration for Federal Employment) and OF-612 (Optional Application for Federal Employment).

"Individuals receiving these instructions, even employees who have been with NIH for many years, must complete the forms," according to Taffet. "This is a requirement set forth by the Office of Personnel Management. Unfortunately, OPM will return the application if all of the requisite forms are not completed and submitted in a timely manner. Only after they are in receipt of all completed forms will they complete the background checks." He added, "It is imperative that anyone receiving e-QIP instructions respond as quickly as possible since those who fail to complete these questionnaires run the risk of having to return to an EWS to be re-fingerprinted, and incurring an additional cost to their IC," he concluded.

Individuals who will be completing an e-QIP questionnaire can save time if they know in advance what information or documents they'll need before filling out the form. Fact sheets summarizing the requirements for each form can be found on the ID badge web site at idbadge.nih.gov/badge/4steps.asp.

The third and final step in the renewal process is badge issuance. Once the individual completes the enrollment process, s/he will be notified via an email alert to schedule a 20-minute appointment to pick up the new HHS ID badge at a nearby Issuance Work Station (IWS). There the individual will be required to read and concur with a badge subscriber agreement and provide a 6-8 digit PIN that can be remembered easily. When the individual has picked up his/her HHS ID badge, the process is complete. DPSAC will later notify the individual when the background investigation is completed or if further information is needed.

The new badge will admit the holder to all areas that s/he had previous access to with the NIH ID badge. In the future, this "smart card" will be required to access NIH computer(s) as well.

"It's important to emphasize that anyone who plans to enroll or pick up their ID badge needs to make an appointment in advance and needs to keep their appointment," said Taffet. DPSAC reserves 20-minute blocks of time exclusively for each individual to complete the enrollment and badge issuance processes. DPSAC is depending on everyone to keep their appointments or notify DPSAC early to reschedule.

According to Taffet, "only by maintaining a very tight schedule will we be able to meet the June 2010 deadline for issuing HHS ID badges to all 34,000 employees, contractors and affiliates who are currently holding NIH badges. Every missed appointment really impedes our progress since DPSAC will not be able to fill the missed appointment with someone else. DPSAC is adding customer service staff to answer the phones and assist people with their questions. This should help to keep the process moving forward."

The New Look of the HHS ID Badge

The new badge will share a common appearance and topography with all other federal agencies and will contain identifying information about the individual and his or her agency. It will carry the individual's photograph, full legal name (no nicknames), operating division (NIH), badge expiration date, badge serial number, federal agency smart credential number (which uniquely identifies an individual and his/her OPDIV), an authentication key and two fingerprints encoded onto the badge using a mathematical representation or algorithm. The HHS ID badge will not carry the individual's Social Security number, home address or phone number.

For NIH only, the new HHS ID badge will identify the holder either as an employee (white background with no stripe) or a contractor/affiliate (horizontal green stripe over a white background). Badges of individuals who are also federal emergency responders will display a horizontal red stripe across the lower part of the badge with the words "federal emergency responder" across the stripe. As an added security step, DPSAC has purchased scanners that can distinguish between authentic and fake proofs of identification.

NIH ID badges will continue to be issued to extended visitors, service providers and vendors by the NIH Police. For a complete description of the new HHS ID badge and the PIV process, visit http://idbadge.nih.gov.

REPORTER

CONTINUED FROM PAGE 1

Above, the RePORTER development team includes (front row, from l) John Lee, Don Tiedemann, Tim Hays, Pete Morton, Jim Onken, Ruby Gill. At rear are (from l) Dave Stenger, R.K. Allam, Sandeep Somaiya, Jerry Sandhu, Amir Venegas, Raid Yaman.

PHOTO: ELISE RABIN

Below, a screen shot of the new RePORTER tool. CRISP, the old online database, will retire by September 2009.

"CRISP will go away around Sept. 1," says Onken. "The CRISP URL [web address] will then be redirected to RePORTER."

The consensus is that this is a welcome improvement.

"RePORTER provides a more user-friendly interface," Onken explains. "Now, in CRISP, you can't export to Excel, for example. We've added new query fields to RePORTER, more search options."

The most significant change is that RePORTER satisfies a mandate of the NIH Reform Act: that NIH provide an open and electronic tool for searching NIH-funded research projects by category of research and access to publications and patents associated with those projects.

"So NIH now provides lists of projects in 215 research, condition or disease categories (RCDC)," explains Onken. "Until FY 2008, the NIH Budget Office provided budget figures in aggregate for the 215… but RePORTER allows you to search for individual projects in these categories."

Complete listings for each category are also available on the RePORT web site at www.report.nih.gov/rcdc/categories/.

RePORTER is now an essential part of NIH, available through the RePORT web site. It also includes: NIH biennial reports developed by the ICs and the NIH Office of Science Policy; access to budget information and other reports generated by the Division of Information Services in OER's Office of Research Information Systems; and research results and other products as they become available. The charts available on the RePORT site also include "geographic visualizations"—maps—of awardee location.

RePORTER is freely searchable by awardee institution, investigator, congressional district and more. You can find dollar amounts and the study sections that reviewed the respective grants, as well as links to patents and papers.

Clicking a checkbox allows you to search exclusively for projects funded by the American Recovery and Reinvestment Act of 2009 (ARRA). Project listings cite total award by fiscal year and awarding institute/center.

Who will visit RePORTER?

"It was amazing to me to find out how broadly RePORTER is being used," Onken says. It's designed to help advocacy groups, applicants, grantees, policy analysts, scientists in a university or private firm, students, writers and any other folks needing in-depth information.

"Say your mother has a particular disease," he says. "You can search for related NIH-funded projects and get access to the latest results of that research. RePORTER will send you to PubMed for abstracts or PubMed Central for full text."

It's true that B.R. (Before RePORTER), the information was out there, but it wasn't as coherent, retrievable or current.

"Private firms and others are already doing this," Onken explains. "They will scrape [that is, datamine] the CRISP web site or get a copy of the database from OER, combine it with other information and make it available to the public. So perhaps we'll benefit from being proactive. As the more authoritative source, we can better control the quality [of what the public can find]."

Looking ahead, Onken sees "an industry growing up now, around all these databases, studying the research enterprise itself, what is sometimes referred to as 'the science of science.'"

This project's gestation has been brief. To give birth to it so swiftly, OER folks really doubled down.

"It's still evolving," says Onken, "with other enhancements to make it more useful."

RSS feeds—a way to subscribe to electronic updates—are in the plans. Meanwhile, OER has provided the ICs with a RePORTER widget for their web sites.

It's all useful—and it's cool. Onken, a veteran planning and evaluation officer, seems gratified.

"The public has a right to know," he says, "what has resulted from the spending of tax dollars. In this day of transparency and open government, it fits in with that spirit."

To learn more, visit http://report.nih.gov.

NIGMS Grantees Win Presidential Award

Four directors of NIGMS-supported programs are among those named recipients of the Presidential Award for Excellence in Science, Mathematics and Engineering Mentoring. The annual awards recognize institutions and individuals who have been leaders in encouraging minorities, women and people with disabilities to pursue careers in science, technology, engineering and mathematics.

The recipients, all biology professors at their institutions, are Dr. Frank T. Bayliss, Jr., San Francisco State University; Dr. Goldie S. Byrd, North Carolina A&T State University; Dr. Mary Anne Nelson, University of New Mexico; and Dr. Steven B. Oppenheimer, California State University, Northridge. They direct NIGMS Division of Minority Opportunities in Research (MORE) programs aimed at creating a diverse scientific workforce through undergraduate student training, student and faculty development and research at minority-serving institutions.

Also among the recipients is the MORE-supported Leadership Alliance, an academic consortium of 33 institutions that seeks to develop underrepresented minority students into outstanding leaders and role models in academia, business and the public sector.

The awards were established by the White House Office of Science and Technology Policy in 1996 and are administered through the National Science Foundation. Awardees will be honored at a White House ceremony in the fall, where they will receive a $10,000 grant and a commemorative Presidential certificate in recognition of their mentoring activities.

Since the awards program began in 1996, 18 individuals and 3 organizations supported by MORE have been recognized with the honor. For a full list of MORE winners of the Presidential mentoring award, see www.nigms.nih.gov/Minority/PresidentialAwards.htm.

Deer Appear, Both Extramurally and Intramurally

Last spring, evidence in the form of hoof prints suggested that the campus harbored deer. In late July, a young deer (above) was spotted behind the Children's Inn. On July 30, during his lunch break, Keith Richardson, a research associate in NCI's Epidemiology and Genetics Research Program, came across a single antlered deer while walking to the Executive Plaza parking garage. On his way out, he captured the herd (below). "I've never seen 5 antlered deer at a time," he said. "Who would have thought you could see them less than 25 miles from the White House?"

PHOTOS: VALERIE LAMBROS, KEITH RICHARDSON

digest

A Brief Behavioral Intervention Can Reduce Depression in Stroke Survivors

A nurse-led behavioral intervention can reduce the incidence of depression in stroke survivors, according to the results of a study published in a recent issue of the journal *Stroke*. The intervention, called Living Well with Stroke (LWWS), provided individualized counseling sessions aimed at increasing pleasant social interactions and physical activity as a way to elevate mood and was designed to be used alone or in conjunction with antidepressant medications. This study was funded by the National Institute of Nursing Research.

A study funded by NINR has shown that a nurse-led behavioral intervention can reduce the incidence of depression in stroke survivors.

The LWWS program included nine counseling sessions over 2 months with a specially trained stroke rehabilitation nurse. In these sessions, the nurse taught the participants problem-solving skills and helped them develop realistic treatment goals. In addition, several sessions were devoted to improving mood by helping the participants identify and increase their participation in pleasant social events and physical activities such as being with family, listening to music, reading, solving a puzzle or learning something new. Depression scores in the LWWS group were significantly lower after treatment and at a one-year follow-up compared to the control group.

From Nerve Roots to Plant Roots: Unexpected Insights into Hereditary Spastic Paraplegia

Sprouting. Branching. Pruning. Neuroscientists have borrowed heavily from botanists to describe the way that neurons grow, but analogies between the growth of neurons and plants may be more than superficial. A new study from NIH and Harvard Medical School suggests that neurons and plant root cells may grow using a similar mechanism.

The research also sheds light on the hereditary spastic paraplegias (HSP), a group of inherited neurological disorders in which some of the longest neurons in the body fail to grow and function properly. The genes behind HSP and their roles inside neurons are poorly understood. However, the study, published in *Cell*, suggests that several forms of HSP share an underlying defect with each other—and with abnormal root hair development in a plant widely used for agricultural research.

The strange implication is that the plant, Arabidopsis thaliana (mouse-ear cress), could prove useful for further research on HSP. "This study provides us with valuable new insights that will stimulate research toward therapies for hereditary spastic paraplegias," says Dr. Craig Blackstone, an investigator at the National Institute of Neurological Disorders and Stroke and an HSP expert.

Risk of Pancreatic Cancer Linked to Variation In Gene that Determines Blood Type

Common variants of the gene that determines human blood type are associated with an increased risk of pancreatic cancer, according to a study by scientists at the National Cancer Institute and colleagues from many universities and research institutions. The study, published online Aug. 2 in *Nature Genetics*, is consistent with an observation first made more than 50 years ago.

In the study, the researchers discovered that genetic variation in a region of chromosome 9 that contains the gene for ABO blood type was associated with pancreatic cancer risk. Individuals with the variant that results in blood types A, B, or AB were at an increased risk of pancreatic cancer, compared to those with the variant for blood type O. This finding is consistent with previous research, some of it dating back to the 1950s and 1960s, that had shown increased risks of gastric and pancreatic cancer among individuals of the A and B blood groups (i.e., blood types A, B, and AB). The latest results provide a genetic basis for those earlier observations.

To discover genetic variations that contribute to pancreatic cancer risk, the research team conducted a genome-wide association study. "Only by working across disciplines and with more than a dozen research groups were we able to make this important discovery of the potential role of the ABO gene in pancreatic cancer risk," said co-author Dr. Patricia Hartge of NCI's Division of Cancer Epidemiology and Genetics. "Although it will take much more work, this finding may lead to improved diagnostic and therapeutic interventions that are so desperately needed."

Pancreatic cancer is the fourth leading cause of cancer death in the United States. It is difficult to detect and in many people it is not diagnosed until after the disease has spread to other parts of the body.

milestones

Freedman Named Chief of NCI Branch

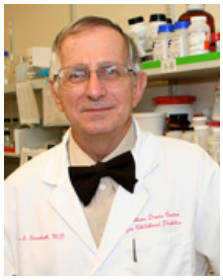
Dr. Andrew N. Freedman has been named chief of the Clinical and Translational Epidemiology Branch in NCI's Epidemiology and Genetics Research Program. The branch supports research on clinical, environmental and genomic factors that influence cancer progression, recurrence, new primary cancers and mortality.

Freedman joined NCI's Division of Cancer Control and Population Sciences in 1997 as a molecular epidemiologist. He also directed molecular, clinical and translational epidemiology studies within the Health Maintenance Organization Cancer Research Network; Department of Veterans Affairs medical system; and NCI's Surveillance, Epidemiology and End Results Program. He is internationally recognized for his work in molecular cancer epidemiology and cancer risk prediction.

His research interests include developing prediction models for cancer risk and prognosis, developing benefit/risk indices for pharmaceuticals used to prevent and treat cancer and identifying factors related to cancer treatment outcomes.

Freedman earned his Ph.D. in epidemiology from the University of Buffalo, Roswell Park cancer division. He also received an M.S. in social and preventive medicine from the University of Buffalo and a B.S. in biology from the University of Binghamton.

Grantee Eisenbarth Wins Banting Medal



Dr. George S. Eisenbarth, former NIH fellow, long-term grantee and executive director of a diabetes research center at the University of Colorado, has won the American Diabetes Association's Banting Medal for outstanding scientific achievement.

Eisenbarth's research career, spanning nearly three decades, has been dedicated to unraveling the mysteries of autoimmunity and clarifying the roles of susceptibility genes and environmental triggers that underlie type 1 diabetes. His contributions were pivotal in clarifying and confirming the autoimmune nature of type 1 diabetes, a concept that was not well accepted even 25 years ago, and paved the way for clinical trials to prevent the disease in those at risk.

Eisenbarth developed a model depicting the progression of type 1 diabetes in stages beginning with genetic predisposition, then moving to immunologic abnormalities, metabolic abnormalities, overt diabetes and eventually the loss of C-peptide, a marker for insulin production. Over the years, his discoveries have shed light on aspects of each stage in the model.

"Type 1 diabetes is hard-wired in our genome," Eisenbarth says. His studies showed that certain genetic variants coding for human leukocyte antigens (HLAs) on white blood cells are linked to both increased and decreased risk of diabetes. His work following first-degree relatives of people with type 1 diabetes and collaborations with Dr. Marian Rewers and others on the NIH-funded DAISY study, which screened thousands of newborns with HLA typing, helped scientists identify the variants that confer the greatest risk for type 1 diabetes. For some people, the risk of developing type 1 diabetes exceeds 80 percent.

Eisenbarth's research also shed light on the specific autoantibodies that help predict the development of type 1 diabetes. He accurately proposed that two or more such autoantibodies in the blood significantly raise the risk of diabetes.

Earlier in his career, Eisenbarth was a postdoctoral fellow in NHLBI's Laboratory of Biochemical Genetics, headed by Nobel laureate Dr. Marshall Nirenberg. "Marsh Nirenberg, my mentor at the NIH, introduced me to monoclonal antibody technology," Eisenbarth said. "I collaborated with Barton Haynes, then a fellow in Anthony Fauci's lab, to produce some of the first monoclonal antibodies to T cells. It was a very nice collaboration between the two labs and a direct introduction to human immunology. When I was getting ready to leave NIH, I had decided I would work on diabetes and autoimmunity upon returning to Duke for my first faculty appointment. Dr. Abner Notkins of the dental institute very kindly introduced me to techniques for measuring islet autoantibodies," he recalled.—**Joan Chamberlain**

NICHD Mourns Loss of 35-Year Employee

Deborah Elaine Bernhards passed away on July 8 after a 14-year battle with melanoma. She served NIH as a biological laboratory animal technician for over 35 years, working with squirrel monkeys and common marmosets.

She began her federal career in 1974, and since 1993, had worked in the unit on developmental neuroethology in the Laboratory of Comparative Ethology at NICHD. She studied the area of vocal communication and behavior of primates and has co-authored several papers on the topic.

Bernhards was the first to identify and report "caregiver" calls in squirrel monkeys. The calls are a specialized communication by female monkeys to induce infants first exploring their surroundings to return.

"Without her knowledge and expertise, many significant advances in the field would not have been made," said Dr. John Newman, head of the neuroethology unit. "She was also a good friend and valued colleague who will be missed."

NINDS Facebook Page Offers Vital Stroke Messages

NINDS has created a stroke awareness fan page on the very popular Facebook web site in an attempt to reach as many people as possible with critical stroke messages and resources through this interactive, community platform.

The fan page is part of the NINDS Know Stroke campaign that was launched in May 2001 to educate the public about the signs of stroke and encourage people to seek treatment quickly when the signs occur.

Through Facebook, NINDS staff hope to:

- Extend the Know Stroke campaign messages to a broader online community;
- Support stroke education efforts by providing accessible online resources;
- Enable users to share their stories and ideas, locate information, learn about stroke activities, access educational materials, and learn from NIH and each other about ways to raise stroke awareness in their communities;
- Discover new partners for educational activities.

The Know Stroke page complements information on the newly revamped NINDS public web site http://stroke.nih.gov by providing timely news and event listings and encouraging dialogue among fans through discussion boards and photo postings.

This recent sample post demonstrates what a vital role this site can play in getting accurate and up-to-date information to the public: "....good to know the word is getting out there... It made me cry. I wish I had seen it before my dad had his stroke. I would have been more proactive in my actions speaking to him on the phone in North Carolina from Maryland. I would have not let a nurse at the eye doctor's tell me that 'they didn't know him and the ophthalmologist needs to see him first' when he had sudden blindness."

Although most NIH staffers cannot access Facebook at work, many are looking at the site from their homes. Facebook users can join the fan page by visiting www.facebook.com/Know-Stroke and clicking on "Become a Fan."

Adventure in Science participants (from l) Meera Basavappa, Victoria MacConnell and Andrew Fullerton carry out an exercise demonstrating how combinations of gene alleles create unique individuals. PHOTOS: ED MAX

Adventure in Science Plans 17th Season at NIH

Adventure in Science, a non-profit science education program for children, is planning its 17th year at NIH. The program, which meets on Saturday mornings October through March in Bldg. 10, is designed to show 8- to 11-year-olds the fun of science using hands-on activities, from building (and launching) model rockets to dissecting frogs. The teachers are mostly volunteer NIH staff, from postdocs to institute directors. A similar program for children ages 12-15 is available at the National Institute of Standards and Technology in Gaithersburg.

If you are interested in volunteering to teach in the program, contact Peter Kellman (301- 496-2513, kellmanp@nhlbi.nih.gov) or Ed Max (301-827-1806, edward.max@fda.hhs.gov). If you would like to enroll your child, you can request forms from the 4H office at Montgomery County Cooperative Extension, (301) 590-9638. When enrollment is full, applications are accepted for a waiting list.

Above left, Aaron Feigenbaum peers at live pond organisms under a microscope. At right, Veronica Orellana (l) and Revathy Pillai experience a live, crawling millipede literally "hands-on." Below left, Nick Mole begins a journey to explore the inside of a frog. Below right, Justina Yang (l) and Tarun Shah observe the electrical output of a potato.